Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11/04-2009	Address:	Davis Road
Case #:	PO 09-081D		Mt Vernon Indiana
County:	Poscy		<u>47620</u>
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Hammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Open Air Corrosive Acid: Corrosive Base: Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, lax report to Child Protective Services This report is to be faxed to the following agence		•••	
Health Depa	ment: Black Township Fire artment: Posey County Health Dept ction Service: N/A	Fax: <u>812-838-4355</u> Fax: <u>812-838-8561</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J.Fortune</u> Phone <u>812-838-8675</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing,

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.